

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
7002 FEB 28 A 11:46

Office Use Only

1. NAME OF COMMITTEE (in full) **HEALTH CARE CONCERNS POLITICAL ACTION COMMITTEE**

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

P.O. BOX 3801

Check if different than previously reported. (ACC)

KANSAS CITY MO 64138-1

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00183376

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM/DD/YYYY In the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM/DD/YYYY In the State of

5. Covering Period

07/01/2001 through 12/31/2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BARRY L. SEWARD

Signature of Treasurer

Barry L. Seward

Date

01/23/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8487g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

HEALTH CARE CONCERNS PAC

Report Covering the Period:

From:

07 / 01 / 2001

To:

12 / 31 / 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2001</u>		<u>132390</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>804343</u>	
(c) Total Receipts (from Line 10)	<u>1035000</u>	<u>1985000</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>1839343</u>	<u>2017390</u>
7. Total Disbursements (from Line 3D)	<u>984478</u>	<u>1165525</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>854865</u>	<u>854865</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form SX (Revised 1/01)

Page 3

Write or Type Committee Name

HEALTH CARE CONCERNS PAC

Report Covering the Period:

From:

07 01 2001

To:

12 31 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	990.000	
(ii) Unitemized	450.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	10350.00	18850.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	10350.00	18850.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	10350.00	18850.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	10350.00	18850.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	3,947.8	4,252.5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3,947.8	4,252.5
22. Transfers to Affiliated/Other Party Committees	20,000.00	22,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	74,500.00	87,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		2,500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	98,447.8	116,252.5
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	98,447.8	116,252.5

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	103,500.00	188,500.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	103,500.00	188,500.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3,947.8	4,252.5
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)	3,947.8	4,252.5

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 5	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)
A. KAISER, GINA

Mailing Address
4600 W. 88th St.

City **PRAIRIE VILLAGE** State **KS** Zip Code **66207**

FEC ID number of contributing federal political committee: **C1**

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 16 / 2001

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. STRIEBY, JAMES

Mailing Address
14104 BELINDER

City **LEAWOOD** State **KS** Zip Code **66221**

FEC ID number of contributing federal political committee: **C1**

Name of Employer **HEALTH MIDWEST** Occupation **HEALTH CARE EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
09 / 11 / 2001

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
C. PATTERSON, PATRICK

Mailing Address
2233 W. 124th St.

City **LEAWOOD** State **KS** Zip Code **66209**

FEC ID number of contributing federal political committee: **C1**

Name of Employer **HEALTH MIDWEST** Occupation **SAP MANAGED CARE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
10 / 04 / 2001

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 2 OF 5	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
HEALTH CARE CONCERNS PAC

A. PLESSON, E. WYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address: **15613 OVERBROOK LN.**
 City: **STANLEY** State: **KS** Zip Code: **66224**
 Name of Employer: **HEALTH MIDWEST** Occupation: **HEALTH CARE MANAGEMENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,000.00**

Date of Receipt: **11 / 05 / 2001**
 Amount of Each Receipt this Period: **1,000.00**

B. JACKSON, MAX
 Full Name (Last, First, Middle Initial)
 Mailing Address: **13001 FONTANA**
 City: **LEAWOOD** State: **KS** Zip Code: **66209**
 Name of Employer: **RESEARCH MEDICAL CENTER** Occupation: **PHYSICIAN**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,200.00**

Date of Receipt: **12 / 03 / 2001**
 Amount of Each Receipt this Period: **1,200.00**

G. WARD, LINDA
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4307 N. HOLLY CT.**
 City: **KANSAS CITY** State: **MO** Zip Code: **64116**
 Name of Employer: **HEALTH MIDWEST** Occupation: **SVP CORPORATE RELATIONS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,500.00**

Date of Receipt: **12 / 03 / 2001**
 Amount of Each Receipt this Period: **1,500.00**

SUBTOTAL of Receipts This Page (optional) **3,700.00**
 TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 3 OF 5	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
	13		14		16
				<input type="checkbox"/>	12
					18
					17

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NAME OF COMMITTEE (In Full)
HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)
A. MINNIGERODE TURNER, L., M.D.

Mailing Address
10950 GLEN ARBOR RD.

City **KANSAS CITY** State **MO.** Zip Code **64114**

Date of Receipt
12 / 03 / 2001

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
250.00

Name of Employer
RESEARCH MEDICAL CENTER

Occupation
PHYSICIAN / DIR. MED. ED.

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾
250.00

Full Name (Last, First, Middle Initial)
B. JOHNSON, JAMES, K.

Mailing Address
919 ADAM

City **CHILlicothe** State **MO.** Zip Code

Date of Receipt
12 / 03 / 2001

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
250.00

Name of Employer
HEDRICK MEDICAL CENTER

Occupation
CEO

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾

Full Name (Last, First, Middle Initial)
C. HOWARD, J. KENT + KAREN

Mailing Address
12717 CATALINA

City **LEAWOOD** State **KS** Zip Code **66209**

Date of Receipt
12 / 03 / 2001

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
1,000.00

Name of Employer
MEDICAL CENTER OF INDEPENDENCE

Occupation
HOSPITAL ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾
1,000.00

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

1,500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 5
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH CARE CONCERNS PAC

A. Full Name (Last, First, Middle Initial)
NEWTON, STEVEN R.
 Mailing Address
1267 WEST 61ST ST.
 City **KANSAS CITY** State **MO** Zip Code **64113**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer **RESEARCH MEDICAL CENTER** Occupation **PRESIDENT/CEO**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
12 27 2001
 Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
GAMBLE, CYNTHIA
 Mailing Address
810 SHERWOOD DR.
 City **JEFFERSON CITY** State **MO** Zip Code **65109**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer **HEALTH MIDWEST** Occupation **GOVERNMENT AFFAIRS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2,500.00**

Date of Receipt
12 27 2001
 Amount of Each Receipt this Period
2,500.00

C. Full Name (Last, First, Middle Initial)
BASH, THOMAS
 Mailing Address
7500 COLLEGE BLVD., STE. 1212
 City **OVERLAND PARK** State **KS** Zip Code **66210**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer **E BK CAPITAL MANAGEMENT** Occupation **INVESTMENT MANAGEMENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2,500.00**

Date of Receipt
12 27 2001
 Amount of Each Receipt this Period
2,500.00

SUBTOTAL of Receipts This Page (optional) **1,500.00**
 TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 3 OF 5				
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)
A. SHEEHAN, DANIEL

Mailing Address
1105 GLENDALE

City **RAYMORE** State **MD** Zip Code **21083**

Date of Receipt
12 / 27 / 2001

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
200.00

Name of Employer
RESEARCH BELTON HOSPITAL

Occupation
ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾
20000

Full Name (Last, First, Middle Initial)
B.

Date of Receipt
[] / [] / []

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
[]

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾
[]

Full Name (Last, First, Middle Initial)
C.

Date of Receipt
[] / [] / []

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
[]

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾
[]

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	9900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

A. SECRETARY OF STATE, MISSOURI

Mailing Address

P.O. BOX 1366

City

JEFFERSON CITY

State

MO

Zip Code

65102

Purpose of Disbursement

CORPORATE REGISTRATION FEE

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

07 10 2001

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

B. DEAN KLINE PRINTING

Mailing Address

6524 HARDY

City

RAYTOWN

State

MO

Zip Code

64133

Purpose of Disbursement

PRINTING, STATIONARY

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 25 2001

Amount of Each Disbursement this Period

296.76

Full Name (Last, First, Middle Initial)

C. DELUX CHECK PRINTING

Mailing Address

P.O. BOX 2993

City

SHAWNEE MISSION

State

KS

Zip Code

66201

Purpose of Disbursement

CHECK PRINTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 16 2001

Amount of Each Disbursement this Period

20.99

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

332.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in Full)
HEALTH CARE CONCERNS PAC

A.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address
MAIN Post OFFICE

City **KANSAS CITY** State **MO.** Zip Code

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
11 / **07** / **2001**

Amount of Each Disbursement this Period
3453

Category/Type

B.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address
8800 Raytown Rd - Longview Station

City **KANSAS CITY** State **MO.** Zip Code **64138-9998**

Purpose of Disbursement
P.O. Box Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
11 / **30** / **2001**

Amount of Each Disbursement this Period
2750

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) **6203**

TOTAL This Period (test page this line number only) **39478**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

A. HEALTH CARE CONCERNS PAC - STATE PAC

Mailing Address

P.O. Box 380111

City

KANSAS CITY

State

MO.

Zip Code

64138

Purpose of Disbursement

TRANSFER to AFFILIATED COMMITTEE

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

11 05 2007

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1 OF 3

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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NAME OF COMMITTEE (In Full)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

A. GRAVES FOR CONGRESS

Mailing Address

P.O. BOX 34744

City

KANSAS CITY

State

MO

Zip Code

64116

Purpose of Disbursement

CONTRIBUTION

Candidate Name

SAM GRAVES

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District: 6

Date of Disbursement

08 06 2001

Amount of Each Disbursement this Period

25000

Full Name (Last, First, Middle Initial)

B. IKE SKELTON FOR CONGRESS

Mailing Address

P.O. BOX A

City

HARRISONVILLE

State

MO

Zip Code

64701

Purpose of Disbursement

CONTRIBUTION

Candidate Name

IKE SKELTON

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District: 4

Date of Disbursement

10 08 2001

Amount of Each Disbursement this Period

10000

Full Name (Last, First, Middle Initial)

C. JEAN CARNAHAN FOR MISSOURI

Mailing Address

P.O. BOX 23398

City

ST. LOUIS

State

MO

Zip Code

63156

Purpose of Disbursement

CONTRIBUTION

Candidate Name

JEAN CARNAHAN

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District:

Date of Disbursement

10 26 2001

Amount of Each Disbursement this Period

10000

SUBTOTAL of Disbursements This Page (optional)

45000

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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NAME OF COMMITTEE (In Full)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

A. MOORE FOR CONGRESS

Date of Disbursement

12 / 04 / 2001

Mailing Address

P.O. BOX 14631

City

SHAWNEE MISSION

State

KS

Zip Code

66285

Amount of Each Disbursement this Period

100000

Purpose of Disbursement

CONTRIBUTION

Category/Type

Candidate Name

DENNIS MOORE

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

KS

District:

3

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC LEADERS VICTORY FUND

Date of Disbursement

09 / 07 / 2001

Mailing Address

7435 WATSON RD., STE. 107

City

ST. LOUIS

State

MO.

Zip Code

63119

Amount of Each Disbursement this Period

100000

Purpose of Disbursement

CONTRIBUTION

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. _____
Mailing Address _____

Date of Disbursement

____ / ____ / _____

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) _____ ▶

200000

TOTAL This Period (last page this line number only) _____ ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 3 OF 3

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

HEALTH CARE CONCERNS PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address

LIBERTY PLACE, STE. 700, 325 7th ST, NW

City

WASHINGTON D.C.

State

D.C.

Zip Code

20004-2802

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 09 / 2001

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HEALTH PAC

Mailing Address

P.O. BOX 60

City

JEFFERSON CITY

State

MO

Zip Code

65102-0060

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 09 / 2001

Amount of Each Disbursement this Period

1100.00

Full Name (Last, First, Middle Initial)

C. KANSAS HOSPITAL ASSOCIATION PAC

Mailing Address

P.O. BOX 2308

City

TOPEKA

State

KS

Zip Code

66601-7308

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 09 / 2001

Amount of Each Disbursement this Period

1400.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

7450.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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